BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

0010 809 - 0003 - 99 9

CLAIMS AS FILED - PART I (Column 1) (C						nn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			46					RÂTE	FEE		RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			46 minus 20=		. 26			X\$ 9=	234	OR	X\$18=		
INDEPENDENT CLAIMS			6 minus 3 =		* 3			X42=	126	OR	X84=		
MULTIPLE DEPENDENT CLAIM PRE			ESENT					+140=	-0	OR	+280=	4	
* If the difference in column 1 is less than zero, ente					r "0" in o	olumn 2		-TOTÁL	730	OR	TOTAL	,	
CLAIMS AS AMENDED - PAI					IT II	٠ '	<i></i>				OTHER		
		(Column 1)			mn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER NOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE	
	Total	* Carlot	Minus	**	1-1	2	 *	- X\$ 9=	<u>-</u>	OR	X\$18=	-1 T. T.	
		*	Minus	***		=		X42=	1: =	OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=	•	OR	+280= .		
								TOTAL		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Coli	umn 2)	(Column 3	١.	ADDIT. FEE			ADDII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PRE\	MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus .	**		5		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	1	= :		X42=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	+140=		OR	+280=		
	,							TOTAL		OR	TOTAL		
		(Column 1)		(Col	umn 2)	(Column 3	8)	ADDIT. FEE			ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIC NU PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		_X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> </u>		X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	-	OR	+280=		
	If the entry in colu	ımn 1 is less than	the entry in co	lumn 2, w	rite "0" in c	olumn 3.	m •	TOTAL		OR	TOTAL	-	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												: 	